

TeamSTEPPS Glossary

- **Advocacy and Assertion** – Techniques for intervening when your viewpoint does not match that of the decision maker.
- **Adaptability** – The ability to adjust strategies and altering a course of action in response to changing conditions (internal or external).
- **Brief** – Discussion prior to start that assigns essential roles, establishes expectation, anticipated outcomes, and likely contingencies.
- **Call-Out** – A tactic used to communicate critical information during an emergent event. Call-Outs help the team prepare for vital next steps in patient care.
- **Check-Back** – A communication strategy that requires a verification of information. The sender initiates the message, the receiver accepts it and restates the message, in return, the sender verifies that the re-statement of the original message is correct or amends if not.
- **Check-List** – A list of items to be noted, checked, or remembered.
- **Closed-loop Communication/Information Exchange** – The initiation of a message by a sender, the receipt and verbal acknowledgement of the message by the receiver, and the verification of the message by the initial sender.
- **Coaching** – The process of helping someone else expand and apply his or her skills, knowledge, and abilities; Generally takes place within a defined context, such as a specific task, skill, or responsibility.
- **Collaboration** – An approach to manage conflict that results in a mutually satisfying solution that is in the patient's best interest.
- **Communication** – The process by which information is clearly and accurately exchanged among team members.
- **Crew Resource Management (CRM)** – Encompasses a wide range of knowledge, skills and attitudes including communications, situational awareness, problem solving, decision making, and teamwork, making optimum use of all available resources (e.g., equipment, procedures and people) to promote and enhance efficiency of flight operations.

- **Cross Monitoring** – The process of monitoring other team member's actions against the standard or shared plan of care for the purpose of sharing workload and reducing or avoiding errors.
- **CUS** – Signal phrases that denote “I am Concerned, I am Uncomfortable, This is a Safety Issue.” When spoken, all team members will understand clearly not only the issue, but the magnitude of the issue.
- **Debrief** – Brief, informal information exchange session designed to improve team performance and effectiveness; after action review.
- **DESC Script** – A technique for managing and resolving conflict.
- **Feedback** – The transmission of evaluative or corrective information.
- **Handoff** – The transfer of information/knowledge along with authority and responsibility among care providers at all levels of care transitions and across the continuum of care.
- **Huddle** – Ad hoc planning to re-establish Situation Awareness; designed to reinforce plans already in place, and assess the need to adjust the plan.
- **Human Factors** – Human capabilities and limitations to the design and organization of the work environment. Primarily attributed to errors, but also a consideration in the design of workflow and processes. The study of human factors can help identify operations susceptible to human error and improve working conditions to reduce fatigue and inattention.
- **I PASS THE BATON** – a mnemonic used during handoffs to facilitate a structured transition in care.
- **I'M SAFE Checklist** – A simple checklist that should be used daily to determine both your coworkers' and your own ability to perform safely.
- **Leadership** – The ability to coordinate the activities of team members and teams by managing the resources available to team members and facilitating team performance by communicating plans, providing information about team performance through debriefs; and providing support to team members when needed.
- **Mutual Support** – The ability to assess and anticipate other team member's needs through accurate knowledge about their responsibilities, task load and core capabilities and in response to shift workload among members to achieve balance during high or low periods of workload or pressure.

- **Mutual Trust** – The shared belief that team members will perform their roles and protect the interests of their teammates.
- **Obstacles** – Human behaviors that result from both personality and attitude which prevent effective job performance. Obstacles are ever present, requiring vigilant awareness to overcome them. Some examples of obstacles include:
 - **Excessive Professional Courtesy** – giving someone of higher rank or status too much respect or deference so that it affects the level of health care they receive. May also occur among team members having higher rank or status, resulting in a hesitancy of team members to point out deficiencies in performance.
 - **Halo Effect** – occurs when someone else’s “great” reputation or extensive experience clouds our judgment.
 - **Passenger Syndrome** – Team members experience “Passenger Syndrome” (“just along for the ride”) when they abdicate responsibility believing someone else is in charge.
 - **Hidden Agenda** – When a team member makes suggestions or decisions on information or desires of which the rest of the team may be unaware. An example of hidden agenda is a strong desire to get off work early or avoid a procedure in which they are poorly trained.
 - **Complacency** – When individuals and/or teams become comfortable with the most routine to the most difficult or critical tasks. Becomes a hazard when individuals and teams lose their vigilance and situational awareness.
 - **High-Risk Phase** – a procedure or time in which a medical mishap is likely to happen (e.g., shift change).
 - **Task (Target) Fixation** – a condition in which an individual’s and/or team’s focus on a task may impair their decision-making or make them oblivious to “the big picture”. It is generally precipitated by a real or perceived pressure to perform, or by workload/stress related issues.
 - **Strength of an Idea** – an unconscious attempt to make available evidence fit a preconceived situation. Once a person gets a certain idea in their head, it can be difficult or impossible for them to alter that idea no matter how much conflicting information is received.
 - **Hazardous Attitudes** – ways of thinking and viewing the world (e.g., anti-authority, impulsiveness, invulnerability, machismo or resignation).

- **Patient Care Team** – Comprised of the patient, caregivers, and all staff within the healthcare delivery system.
- **Performance Monitoring** – The ability of team members to monitor each other's task execution and give feedback during task execution.
- **SBAR** – A framework for team members to structure information when communicating to one another. (Physician to Physician, Nurse to Physician, Nurse to Nurse, Nurse to Staff, Nurse to Patient).
- **Shared Mental Model** – An organizing knowledge structure of relevant facts and relationships about a task or situation that are commonly held by members of a team.
- **Situation Awareness** – The ability to identify, process, and comprehend the critical elements of information about what is happening to the team with regards to the mission (plan of care). Simply, it's knowing 'What's going on around you' and 'what is likely to happen next'; – maintaining mindfulness at all times.
- **Situation Monitoring** – The process of actively scanning and assessing elements of the situation to gain information or maintain an accurate awareness or understanding of the situation in which the team functions.
- **STEP** – A tool for monitoring the following elements of the situation: **Status** of the patient, **Team** members, **Environment**, and **Progress** toward the goal.
- **Task Assistance** – A form of mutual support, this team behavior protects individual members from work overload situations that may reduce effectiveness and increase the risk of error.
- **Team (Multi-Team System)** – Each team within a multi-team system is responsible for various aspects of patient care, requiring coordination amongst them all to ensure quality patient care. A multi-team system is composed of the following teams:
 - **Core Team** – A group of caregivers who work interdependently to manage a set of assigned patients from point of assessment to disposition.
 - **Coordinating Team** – Members of a department/unit responsible for managing the operational environment that supports the Core Team.
 - **Contingency Team** – A time-limited team formed for emergent or specific events and composed of members from various teams.
 - **Ancillary Services** – Primarily a service delivery team whose mission is to support the core team (e.g., lab, pharmacy).
 - **Support Services** – Primarily a service-focused team whose mission is to create efficient, safe, comfortable and clean healthcare environments (e.g., housekeeping).

- **Administration** – Includes executive leadership of a unit or facility. They have overall responsibility and accountability for the organization. They create the climate and culture in which a teamwork system functions.
- **Team Competencies** – The attributes team members need to perform successfully as a team. The three types of competencies that are critical for effective teamwork include:
 - **Team Knowledge Competencies** – The principles and concepts that underlie a team's effective task performance. To function effectively in a team, team members should know what team skills are required, when particular team behaviors are appropriate, and how to manifest these skills and behaviors in a team setting. Team members should also know the team's mission and goals and be aware of one another's roles and responsibilities in achieving them.
 - **Team Skill Competencies** – A learned capacity to interact with other team members at some minimal proficiency.
 - **Team Attitude Competencies** – Internal states that influence a team member's choices or decisions to act in a particular way. Positive attitudes toward teamwork, a collective orientation, and mutual trust among team members are critical to successful team process.
- **Team Orientation** – The propensity to take other's behavior into account during group interaction and the belief in the importance of team goal's over individual member's goals.
- **Team Self Correction** – The process in which team members engage in evaluating their performance and in determining the strategies after task execution.
- **Team Structure** – The delineation of fundamentals (e.g., team size, team membership, team leadership, team identification, and team distribution).
- **Two-Challenge Rule** – A strategy for asserting a concern that results when clinical actions or a course of care differ from the agreed up plan or usual procedure for the presenting event. To carry out the Two-Challenge involves asserting the concern at least two times to ensure that it has been heard i.e., state the concern (first challenge), and if no response or discussion occurs, rephrase and restate the concern (second challenge) to be certain the challenge has been both heard and understood.